

2123

OIP & USC  
JUL 05 2001  
PATENT & TRADEMARK OFFICE

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/765,964	
	Filing Date	01/19/2001	
	First Named Inventor	Salim	
	Group Art Unit	unknown	
	Examiner Name	unknown	
Total Number of Pages in This Submission	13	Attorney Docket Number	19382.004

RECEIVED

JUL 09 2001

Technology Center 2000

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

RECEIVED

JUL 1 2001

OFFICE OF PATENTS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Eugene G. Kim, Reg. 46,267
Signature	<i>Eugene Kim</i>
Date	6/29/01

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <u>7-2-01</u>			
Typed or printed name	Laura S. Mellblom		
Signature	<i>Laura S. Mellblom</i>	Date	<u>7-2-01</u>

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2001</h2> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p>		<p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;">09/765,964</td> </tr> <tr> <td>Filing Date</td> <td>01/19/2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Salim</td> </tr> <tr> <td>Examiner Name</td> <td>unknown</td> </tr> <tr> <td>Group / Art Unit</td> <td>unknown</td> </tr> <tr> <td>Attorney Docket No.</td> <td>19382.004</td> </tr> </table>		Application Number	09/765,964	Filing Date	01/19/2001	First Named Inventor	Salim	Examiner Name	unknown	Group / Art Unit	unknown	Attorney Docket No.	19382.004
Application Number	09/765,964														
Filing Date	01/19/2001														
First Named Inventor	Salim														
Examiner Name	unknown														
Group / Art Unit	unknown														
Attorney Docket No.	19382.004														
<p><b>TOTAL AMOUNT OF PAYMENT</b> (\$ 112)</p>		<p style="font-size: large; font-weight: bold;">RECEIVED</p> <p style="font-size: large; font-weight: bold;">JUL 09 2001</p> <p style="font-size: large; font-weight: bold;">Technology Center 2100</p>													

<p><b>METHOD OF PAYMENT (check one)</b></p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: 03-1725</p> <p>Deposit Account Name: Chrisman Bynum &amp; Johnson, P. C.</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check    <input type="checkbox"/> Credit card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p>					<p><b>FEE CALCULATION (continued)</b></p> <p><b>3. ADDITIONAL FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td></td></tr> <tr><td>123</td><td>130</td><td>123</td><td>130</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td></td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td></td></tr> </tbody> </table> <p>Other fee (specify) _____</p> <p>*Reduced by Basic Filing Fee Paid    <b>SUBTOTAL (3)</b> (\$ 0)</p>					Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	105	130	205	65		127	50	227	25		139	130	139	130		147	2,520	147	2,520		112	920*	112	920*		113	1,840*	113	1,840*		115	110	215	55		116	390	216	195		117	890	217	445		118	1,390	218	695		128	1,890	228	945		119	310	219	155		120	310	220	155		121	270	221	135		138	1,510	138	1,510		140	110	240	55		141	1,240	241	620		142	1,240	242	620		143	440	243	220		144	600	244	300		122	130	122	130		123	130	123	130		126	180	126	180		581	40	581	40		146	710	246	355		149	710	249	355		179	710	279	355		169	900	169	900	
Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid																																																																																																																																																						
105	130	205	65																																																																																																																																																							
127	50	227	25																																																																																																																																																							
139	130	139	130																																																																																																																																																							
147	2,520	147	2,520																																																																																																																																																							
112	920*	112	920*																																																																																																																																																							
113	1,840*	113	1,840*																																																																																																																																																							
115	110	215	55																																																																																																																																																							
116	390	216	195																																																																																																																																																							
117	890	217	445																																																																																																																																																							
118	1,390	218	695																																																																																																																																																							
128	1,890	228	945																																																																																																																																																							
119	310	219	155																																																																																																																																																							
120	310	220	155																																																																																																																																																							
121	270	221	135																																																																																																																																																							
138	1,510	138	1,510																																																																																																																																																							
140	110	240	55																																																																																																																																																							
141	1,240	241	620																																																																																																																																																							
142	1,240	242	620																																																																																																																																																							
143	440	243	220																																																																																																																																																							
144	600	244	300																																																																																																																																																							
122	130	122	130																																																																																																																																																							
123	130	123	130																																																																																																																																																							
126	180	126	180																																																																																																																																																							
581	40	581	40																																																																																																																																																							
146	710	246	355																																																																																																																																																							
149	710	249	355																																																																																																																																																							
179	710	279	355																																																																																																																																																							
169	900	169	900																																																																																																																																																							
<p><b>FEE CALCULATION</b></p> <p><b>1. BASIC FILING FEE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td></td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td><td>(\$ 0)</td></tr> </tbody> </table> <p><b>2. EXTRA CLAIM FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>28</td> <td>-20 = 8</td> <td>9</td> <td>72</td> </tr> <tr> <td>Independent Claims: 4</td> <td>-3 = 1</td> <td>40</td> <td>40</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>0</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td><td>(\$ 112)</td></tr> </tbody> </table> <p>**or number previously paid, if greater; For Reissues, see above</p>					Large Fee Code	Large Entity Fee (\$)	Small Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid	101	710	201	355	Utility filing fee		106	320	206	160	Design filing fee		107	490	207	245	Plant filing fee		108	710	208	355	Reissue filing fee		114	150	214	75	Provisional filing fee		<b>SUBTOTAL (1)</b>					(\$ 0)	Total Claims	Extra Claims	Fee below	Fee Paid	28	-20 = 8	9	72	Independent Claims: 4	-3 = 1	40	40	Multiple Dependent			0	Large Fee Code	Large Entity Fee (\$)	Small Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20		102	80	202	40	Independent claims in excess of 3		104	270	204	135	Multiple dependent claim, if not paid		109	80	209	40	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b>					(\$ 112)																																																		
Large Fee Code	Large Entity Fee (\$)	Small Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid																																																																																																																																																					
101	710	201	355	Utility filing fee																																																																																																																																																						
106	320	206	160	Design filing fee																																																																																																																																																						
107	490	207	245	Plant filing fee																																																																																																																																																						
108	710	208	355	Reissue filing fee																																																																																																																																																						
114	150	214	75	Provisional filing fee																																																																																																																																																						
<b>SUBTOTAL (1)</b>					(\$ 0)																																																																																																																																																					
Total Claims	Extra Claims	Fee below	Fee Paid																																																																																																																																																							
28	-20 = 8	9	72																																																																																																																																																							
Independent Claims: 4	-3 = 1	40	40																																																																																																																																																							
Multiple Dependent			0																																																																																																																																																							
Large Fee Code	Large Entity Fee (\$)	Small Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid																																																																																																																																																					
103	18	203	9	Claims in excess of 20																																																																																																																																																						
102	80	202	40	Independent claims in excess of 3																																																																																																																																																						
104	270	204	135	Multiple dependent claim, if not paid																																																																																																																																																						
109	80	209	40	** Reissue independent claims over original patent																																																																																																																																																						
110	18	210	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																						
<b>SUBTOTAL (2)</b>					(\$ 112)																																																																																																																																																					

<p><b>SUBMITTED BY</b></p>				<p><b>Complete (if applicable)</b></p>	
Name (Print/Type)	Eugene G. Kim	Registration No. Attorney/Agent)	46,267	Telephone	(303) 546-1300
Signature				Date	7/2/01

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.